

# **INFORMATION DISCLOSURE STATEMENT BY APPLICANT** ( Not for submission under 37 CFR 1.99)

|                        |                  |
|------------------------|------------------|
| Application Number     | 10509627         |
| Filing Date            | 2005-04-29       |
| First Named Inventor   | Peggy Wingard    |
| Art Unit               | 1614             |
| Examiner Name          | Jones, Dwayne C. |
| Attorney Docket Number | 006050.00067     |

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|-------------------|---------|--------------------------------------|-----------------------------|------------------------|------------------|---|--|--------------------------|
|                   | 1       | P0500439                             | HU                          | A                      | 2005-08-29       | MGI GP, Inc.                                    |  | <input type="checkbox"/> |
|                   | 2       | 03057153                             | WO                          | A2                     | 2003-07-17       | Guilford Pharmaceuticals, Inc.                  |  | <input type="checkbox"/> |
|                   | 3       | 2003057153                           | WO                          | A3                     | 2003-07-17       | Guilford Pharmaceuticals, Inc.                  |  | <input type="checkbox"/> |

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|   |           |    |    |            |                          |                          |
|---|-----------|----|----|------------|--------------------------|--------------------------|
| 4 | 9629064   | WO | A1 | 1996-09-26 | Zeneca Limited           | <input type="checkbox"/> |
| 5 | P9702180A | HU |    | 1998-03-30 | AstraZeneca AB           | <input type="checkbox"/> |
| 6 | 0008033   | WO | A1 | 2000-02-17 | The University of Kansas | <input type="checkbox"/> |
| 7 | P0200317A | HU |    | 2007-01-12 | The University of Kansas | <input type="checkbox"/> |
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- ☐ See attached certification statement.
- ☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
- ☐ None

**SIGNATURE**

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

|            |                  |                     |            |
|------------|------------------|---------------------|------------|
| Signature  | /Paul M. Rivard/ | Date (YYYY-MM-DD)   | 2007-01-12 |
| Name/Print | Paul M. Rivard   | Registration Number | 43446      |

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